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MONTH/YEAR of Records*: **October-1976**

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(1) Subject*: **Health**

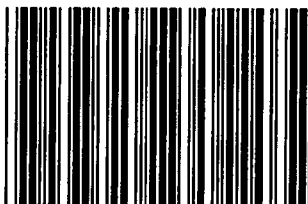
(select subject from controlled vocabulary, if your office has one)

(2) Subject* **Address before the Butte Hospital Association**

DOCUMENT DATE*: **10/06/1976**

(Example: 01/12/1966)

* "required information"



BAUCUS

ADDRESS BY MAX BAUCUS
BEFORE THE BUTTE HOSPITAL ASSOCIATION
BUTTE CENTRAL HIGH SCHOOL
OCTOBER 6, 1976

*File 2.4
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I WOULD LIKE TO THANK YOU FOR GIVING ME THE OPPORTUNITY TO SPEAK TO YOU THIS EVENING. IN TALKING WITH SISTER MARY CLARISSE ABOUT THE TOPIC OF MY ADDRESS, WE DECIDED IT MIGHT BE A USEFUL EXERCISE TO RECOUNT THE TRIALS AND TRIBULATIONS I HAVE ENCOUNTERED WITH A RURAL HEALTH BILL I INTRODUCED IN CONGRESS THIS YEAR.

HOPEFULLY, THE STORY WILL NOT ONLY HIGHLIGHT SOME OF THE PROBLEMS THAT HEALTH INSTITUTIONS ARE HAVING IN MONTANA, BUT IT ALSO WILL HELP ILLUSTRATE THE OBSTACLES WE ENCOUNTER IN ENACTING LEGISLATION THAT IS BENEFICIAL TO MONTANA.

THE STORY BEGINS EARLIER THIS YEAR WHEN MY OFFICE RECEIVED A DOZEN OR SO LETTERS FROM HOSPITAL ADMINISTRATORS IN DIFFERENT PARTS OF WESTERN MONTANA WHO WERE COMPLAINING ABOUT VARIOUS MEDICAL REQUIREMENTS THAT THEIR HOSPITALS WERE HAVING DIFFICULTY COMPLYING WITH. THE PROBLEM, AS IT WAS EXPLAINED IN THE LETTERS, QUITE SIMPLY WAS THAT IF THE GOVERNMENT WAS SERIOUS ABOUT ENFORCING THESE REQUIREMENTS, SOME OF THESE HOSPITALS WOULD HAVE TO CLOSE.

SOME OF THE ARGUMENTS WERE HYSTERICAL, OTHERS SEEMED QUITE COCENT. THE PROBLEMS DESCRIBED SEEMED SERIOUS ENOUGH TO ME TO WARRANT AN ONSIGHT INVESTIGATION.

I SHOULD INTERJECT HERE THAT WHEN YOU TRY TO REPRESENT 350,000 PEOPLE, IT'S OFTEN DIFFICULT TO PICK AND CHOOSE AMONG THOSE PROBLEMS AND ISSUES WITH WHICH A CONGRESSIONAL OFFICE CAN EFFECTIVELY DEAL.

I DECIDED THE BEST WAY TO START TO ADDRESS THE QUESTION OF THE IMPACT THAT FEDERAL REGULATIONS WERE HAVING ON WESTERN MONTANA'S HOSPITALS WOULD BE TO HOLD A HEARING AS A MEANS OF GIVING THE AFFECTED HEALTH OFFICIALS THE OPPORTUNITY TO DESCRIBE IN GREATER DETAIL THE PROBLEMS THEY WERE ENCOUNTERING. ACCORDINGLY, ON FEBRUARY 14, 1976, I HOSTED A HEARING AT CARROLL COLLEGE IN HELENA. I INVITED TO THE HEARING ALL HOSPITAL ADMINISTRATORS, NURSES, STATE HEALTH OFFICIALS, AND ANY OTHER MEMBER OF THE PUBLIC WHO WOULD LIKE TO DISCUSS THE ROLE THAT THE FEDERAL GOVERNMENT SHOULD HAVE IN REGULATING MONTANA'S HOSPITALS AND NURSING HOMES.

THE HEARING LASTED ALL DAY. THERE WERE MORE THAN 700 PEOPLE IN ATTENDANCE, AND AT LEAST 50 FORMAL STATEMENTS WERE GIVEN TO ME.

FOR THE NEXT 2 MONTHS, I SIFTED THROUGH THIS INFORMATION, TRYING TO PINPOINT COMMON PROBLEMS EXPERIENCED BY SOME OF THE HEALTH OFFICIALS AND SEEKING TO FORMULATE POSSIBLE SOLUTIONS TO THOSE PROBLEMS.

BY THE END OF THE TWO MONTHS, I HAD A PRETTY GOOD IDEA OF WHAT THOSE COMMON PROBLEMS WERE. IT SEEMS THAT THE EXTREMELY SMALL HOSPITALS, USUALLY WITH LESS THAN 25 BEDS, AND LOCATED IN REMOTE PARTS OF THE STATE, WERE HAVING CONSIDERABLE DIFFICULTY MEETING WITH SPECIFIC PERSONNEL AND PHYSICAL REQUIREMENTS THAT

WERE ESTABLISHED BY HEW PURSUANT TO THE MEDICARE AND MEDICAID PROGRAMS ENACTED IN 1965 BY CONGRESS.

AMONG THE REQUIREMENTS THAT WERE CAUSING THE MOST DIFFICULTY WERE THE LIFE SAFETY CODE, WHICH IS A BUILDING CODE REQUIREMENT DEALING WITH SUCH THINGS AS THE WIDTH OF HALLWAYS AND THE LIGHTING OF HOSPITALS. ALSO, VARIOUS PERSONNEL STAFFING REQUIREMENTS, SUCH AS THOSE REQUIRING A REGISTERED NURSE 24 HOURS A DAY AND A PATHOLOGIST, RADIOLOGIST AND MEDICAL DIRECTOR, WERE EXTREMELY DIFFICULT TO MEET IN TOWNS WHERE THE POPULATION IS LESS THAN 500 AND THE CLOSEST TOWN OF ANY SIZE IS AS FAR AS 75 MILES AWAY.

AFTER IDENTIFYING THESE PROBLEMS, I CONSULTED WITH THE STAFF OF THE WAYS AND MEANS COMMITTEE, WHICH IS THE COMMITTEE IN CONGRESS RESPONSIBLE FOR OVERSEEING THE MEDICARE AND MEDICAID PROGRAMS. AS YOU PROBABLY KNOW, THE CHAIRMAN OF THAT COMMITTEE IS AL ULLMAN, WHO REPRESENTS WESTERN OREGON. I ASKED CHAIRMAN ULLMAN IF HE WOULD LEND TO ME FOR A SHORT WHILE THE SERVICES OF ONE OF HIS STAFF MEMBERS FROM THE HEALTH SUBCOMMITTEE OF WAYS AND MEANS, AND HE GRACIOUSLY OFFERED TO DO SO. THAT STAFF MEMBER HAD ATTENDED THE FEBRUARY 14 CONFERENCE IN HELENA, SO WHEN I SENT TO HIM A RATHER DETAILED SUMMARY OF THE FINDINGS I HAD MADE FROM THE HELENA CONFERENCE, HE OFFERED TO DRAFT LEGISLATION TO DEAL WITH THOSE PROBLEMS.

THUS IT WAS ON APRIL 14, TWO MONTHS FOLLOWING THE HEARING, THAT I WAS ABLE TO INTRODUCE H.R. 13267, A BILL TO AMEND THE MEDICARE AND MEDICAID PROVISIONS AS THEY RELATE TO RURAL HEALTH

CARE FACILITIES. WHEN I INTRODUCED THE BILL, I PRESENTED AN ACCOMPANYING STATEMENT IN THE CONGRESSIONAL RECORD WHICH EXPLAINED IN DETAIL THE PROBLEMS THAT I HAD FOUND IN WESTERN MONTANA.

I DECIDED THEN THAT THE BEST THING I COULD DO WOULD BE TO OBTAIN BROAD SUPPORT FOR THE LEGISLATION. I IMMEDIATELY WROTE A PERSONAL LETTER TO THE 125 MEMBERS OF THE CONGRESSIONAL RURAL CAUCUS, TELLING THEM ABOUT THE PROBLEM AND SEEKING THEIR SUPPORT AS CO-SPONSORS. INITIALLY THE RESPONSE WAS SLOW, BUT AFTER A NUMBER OF PHONE CALLS, I WAS ABLE TO OBTAIN MORE THAN 20 CO-SPONSORS.

AT THE SAME TIME, I THOUGHT IT WOULD BE HELPFUL TO OBTAIN BROAD NATIONAL SUPPORT FOR THE LEGISLATION. SINCE VARIOUS ORGANIZATIONS IN MONTANA HAD BEEN EXTREMELY HELPFUL TO ME IN HOLDING THE HEARING, I DECIDED TO GET BACK TO THEM AND SEEK ADDITIONAL SUPPORT. I TALKED WITH REPRESENTATIVES FROM THE MONTANA HOSPITAL ASSOCIATION, MONTANA MEDICAL ASSOCIATION, MONTANA NURSES ASSOCIATION, MONTANA NURSING HOME ASSOCIATION, AND THE STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES, ASKING THEIR ASSISTANCE IN OBTAINING GREATER SUPPORT FROM NATIONAL ORGANIZATIONS AND FIGURES WITH WHOM THEY WERE IN CONTACT. SUBSEQUENTLY, THE AMERICAN HOSPITAL ASSOCIATION PUBLISHED SEVERAL STORIES ABOUT MY RURAL HEALTH BILL AND HOSPITAL ADMINISTRATORS FROM ALL OVER THE COUNTRY BEGAN TO WRITE, INQUIRING ABOUT IT AND OFFERING TO HELP.

AS THE PUBLICITY ABOUT THE LEGISLATION INCREASED, I FOUND MORE AND MORE MEMBERS OF THE HOUSE WHO WERE WILLING TO CO-SPONSOR IT, LARGELY BECAUSE CONSTITUENTS IN THEIR DISTRICT WERE CONTACTING THEM, SEEKING THEIR SUPPORT FOR THE BILL. MANY OF

THESE CONTACTS, I AM SURE, ARE DIRECTLY ATTRIBUTABLE TO EFFORTS ON BEHALF OF MONTANANS WHO CONTACTED FRIENDS OF THEIRS IN OTHER STATES.

BY MID-SUMMER, I WAS HOPING THERE MIGHT BE A CHANCE THAT THE BILL COULD REACH THE FLOOR OF THE HOUSE FOR A VOTE BEFORE THE END OF THE CONGRESS. I CONSULTED WITH THE CHAIRMAN OF THE HEALTH SUBCOMMITTEE, DAN ROSTENKOWSKI, A CONGRESSMAN FROM CHICAGO, AND WITH CHAIRMAN ULLMAN IN AN EFFORT TO SEE IF ANY MEDICARE OR MEDICAID LEGISLATION WOULD BE REACHING THE FLOOR OF THE HOUSE FOR A VOTE BEFORE THE END OF THE SECOND SESSION. I WAS HOPEFUL THAT THE RURAL HEALTH BILL COULD BE ATTACHED TO THAT LEGISLATION.

AS THE DAYS PASSED, THE PROSPECT FOR A MEDICARE OR MEDICAID BILL SEEMED INCREASINGLY SLIM.

NEVERTHELESS, I THOUGHT IF THERE WAS A CHANCE THAT WE COULD GET THE BILL TO THE FLOOR, IT WOULD BE IMPORTANT THAT A SENATE COMPANION MEASURE WOULD BE AVAILABLE TO PASS ALSO. ACCORDINGLY, I CONTACTED SENATORS METCALF AND MANSFIELD TO ASK THEIR ADVICE AND SUPPORT. THEIR IDEA WAS TO FOLLOW A STRATEGY WHERE THE LEGISLATION WOULD NOT APPEAR TO BE STRICTLY A MONTANA BILL. SHORTLY AFTER CONFERRING WITH THEM, A STAFF MEMBER OF SENATOR PAUL LAXALT'S OFFICE FROM NEVADA CALLED TO SAY THAT HE WAS INTERESTED IN LEGISLATION AND WANTED TO KNOW IF IT WOULD BE POSSIBLE FOR HIM TO INTRODUCE IT IN THE SENATE. I READILY ACCEPTED HIS OFFER, AND HE SAID HE WOULD INTRODUCE IT IN DUE COURSE.

UNFORTUNATELY, I DIDN'T REALIZE THAT AS CHAIRMAN OF THE REGAN COMMITTEE AND THE ATTENDANT RESPONSIBILITIES HE HAD WITH

THAT JOB, MR. LAXALT'S DEFINITION OF "DUE COURSE" WAS QUITE DIFFERENT FROM MINE. I HAD HOPED THAT HE WOULD INTRODUCE IT THE FOLLOWING WEEK, BUT IT WAS NEARLY TWO MONTHS BEFORE THE SENATE AFTER INTRODUCING HIS BILL, SENATOR LAXALT FOLLOWED ROUGHLY THE SAME COURSE I HAD CHARTED. HE SET ABOUT TO GET CO-SPONSORS, AND AT LAST COUNT, THERE WERE 12, INCLUDING SENATORS MANSFIELD AND METCALF FROM MONTANA. ONE OF THE ENCOURAGING THINGS ABOUT MR. LAXALT'S SUPPORT WAS THAT HE WAS ABLE TO GET AS CO-SPONSORS TWO MEMBERS OF THE SENATE FINANCE COMMITTEE, THE COUNTER-PART TO THE WAYS AND MEANS COMMITTEE, WHICH HAS JURISDICTION OVER MEDICARE AND MEDICAID LEGISLATION IN THE SENATE.

THUS, BY EARLY SEPTEMBER, THE STAGE WAS SET. WE HAD A BILL WITH GROWING NATIONAL SUPPORT, WITH MORE THAN 50 CO-SPONSORS REPRESENTING AT LEAST 30 STATES OF THE UNION (AND, I MIGHT ADD, EVEN THE VIRGIN ISLANDS REPRESENTATIVE CO-SPONSORED THE BILL), BUT OUR MOMENTUM WAS NOT ENOUGH TO CARRY THE BILL TO THE FLOOR IN EITHER HOUSE.

SO I GUESS THAT'S THE STOPPING POINT OF THIS STORY, BUT HOPEFULLY NOT THE END.

IF THE VOTERS ARE GOOD TO ME ON NOVEMBER 2, I WILL HAVE A CHANCE TO ADD TO THE STORY SO THAT I CAN HOPEFULLY FINISH IT FOR YOU THIS TIME NEXT YEAR.

I PLAN TO RETURN TO WASHINGTON IN NOVEMBER AND BEGIN TO CHART OUT A COURSE FOR 1977 WITH RESPECT TO THE RURAL HEALTH BILL. HOPEFULLY, I WILL BE ABLE TO REINTRODUCE IT IN JANUARY AND OBTAIN THE SUPPORT OF THE ORIGINAL CO-SPONSORS AND A FEW OTHERS.

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ALSO, I WILL MAKE A CONCERTED EFFORT TO GET AS CO-SPONSORS MEMBERS OF THE WAYS AND MEANS COMMITTEE.

NEXT, I WILL WORK TO GET COMMITTEE HEARINGS ON THE BILL SO THAT WE CAN BUILD A STRONGER RECORD IN SUPPORT OF IT.

I SUSPECT THE MOST USEFUL THING I WILL BE ABLE TO DO WILL BE TO CONTINUE TO BROADEN THE SUPPORT FOR THE BILL BY CONTACTING MORE AND MORE PEOPLE AND ORGANIZATIONS FROM OTHER STATES.

WELL, THAT'S THE PLAN. WE'LL KNOW SOON WHETHER IT WILL WORK.

CONCLUDING REMARKS

I WANT TO THANK YOU ALL FOR TAKING THE TIME OUT OF YOUR BUSY SCHEDULES AND ~~WEATHERING THE ELEMENTS~~ TO COME HERE AND TALK THIS EVENING. I THINK YOU ARE ALL DOING A GREAT JOB.

TO MY WAY OF THINKING, THERE IS NOTHING MORE IMPORTANT IN LIFE THAN KEEPING YOUR HEALTH. BECAUSE OF YOUR CONTINUING EFFORTS, THE FOLKS IN BUTTE ARE KEEPING HEALTHY. KEEP UP THE GOOD WORK, AND REMEMBER THAT I WOULD LIKE TO STAY POLITICALLY HEALTHY, SO I NEED YOUR HELP ON NOVEMBER 2. I WON'T NEED A BILL OR AN INJECTION — ONLY YOUR VOTE.